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Attorney at Law Licensed to Practice in Iowa and Illinois
4300 E. 53rd St. Suite 103 Davenport, IA 52807
Tel (563)441-0207 • Fax (563)441-2781

FAX COVER SHEET

TO: USPTO
FAX: 703-872-9306

FROM: JAY R. HAMILTON – REGISTERED U.S. PATENT ATTORNEY
FAX: 563-441-0175

RE: Howard Kapple RE: Pat. Appl. #10,046,045 AND Pat. Appl. #10,705,678

NOTES:

Enclosed is necessary correspondence to represent Mr. Howard Kapple in prosecution of Patent Applications 10/046,045 and 10/705,678. I am requesting the examiner contact as convenient to discuss moving forward with prosecution of the noted patent application(s). If this transmission has processed to the wrong office, please let me know at 563-441-0207 where this information should be filed.

Regards,

Jay R. Hamilton
#50,644

SHEETS ENCLOSED (INCLUDING COVER) 14

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PATENT
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JUL 06 2004

In re Application of:
Kapple, HowardSerial No.: 10/046,045
10/705,678
10/792,671Filed: 1/16/2002
11/12/2003
03/04/04

For: Precision Aid

Examiner: Truong, Linh T.

Art Unit: 3761

Dear Ms. Truong:

Applicant's attorney submits the enclosed information in support of the Howard Kapple's previously filed "Pro Se" patent applications:

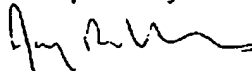
1. A Power of Attorney and Correspondence Address Indication form for patent application #10,046,045;
2. A declaration for Utility or Design Patent Application for patent application #10,046,045;
3. A Power of Attorney and Correspondence Address Indication form for patent application #10,705,678;
4. A declaration for Utility or Design Patent Application for patent application #10,705,678;
5. Proof of Mailing of the Office Action on September 25, 2003;
6. Proof of Mailing November 6, 2003;
7. Proof of Receipt by the Patent Office 11/12/2003;
8. Proof of Receipt by the Patent Office 03/04/2004 and assignment of #10/792,671;

I am in the process of reviewing Mr. Kapple's materials and assembling a revised patent application and response to the office action cited by you in the office action of September 25, 2003.

After discussing the matter with Mr. Kapple, it is clear that he is only interested in prosecuting one patent application – #10/046,045 – filed on 1/16/2002. All responses previously filed by him were attempts by him, working on his own, to proceed forward with this application.

Because of the rather difficult history of this case, and potential past administrative difficulties in the prosecution process, I would ask that you give this case your immediate attention so that an appropriate filing date can be determined for the revised patent application and response to the office action for patent application – #10/046,045 – filed on 1/16/2002. I would also request that you contact me, as time permits, to discuss the case telephonically.

Respectfully Submitted on Behalf of Howard Kapple,



Jay R. Hamilton

#50,644

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PTO/SB/81 (08-04)

Approved for use through 11/30/2005. OMB 0851-0035

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POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM

Application Number	10/046,045
Filing Date	1/16/2002
First Named Inventor	Howard Kapple
Title	Precision Aid
Art Unit	3763
Examiner Name	Truong, Linh T.
Attorney Docket Number	USPA-0046

I hereby appoint:

☒ Practitioners associated with the Customer Number:

33512

OR

☐ Practitioner(s) named below:

Name	Registration Number
Jay R. Hamilton	50,644

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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☒ The address associated with Customer Number:

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OR

☐ Firm or Individual Name Law Office of Jay R. Hamilton, PLC

Address 4300 E. 53rd St.

Address Suite 103

City Davenport

State IA

Zip 52807

Country USA

Telephone 563-441-0207

Fax 563-441-0175

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/86)

SIGNATURE of Applicant or Assignee of Record (if assignee, put name, title and company name in the "Name" space below)

Name Howard Kapple

Signature 

Date July 6, 2004

Telephone 563-355-4621

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 2 forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)Declaration
Submitted
With Initial
Filing

OR

Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number	USPA-0046
First Named Inventor	Howard Kapple
COMPLETE IF KNOWN	
Application Number	10/046,045
Filing Date	1/16/2002
Art Unit	3763
Examiner Name	Truong, Linh T.

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Precision Aid

(Title of the Invention)

the specification of which



is attached hereto

OR



was filed on (MM/DD/YYYY)

01/16/2002

as United States Application Number or PCT International

Application Number

10/046,045

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

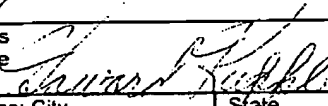
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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number: 33512		OR <input checked="" type="checkbox"/> Correspondence address below	
Name Law Office of Jay R. Hamilton, PLC			
Address 4300 E. 53rd St. Suite 103			
City Davenport		State IA	ZIP 52807
Country USA	Telephone 563-441-0207	Fax 563-441-0175	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Howard		Family Name or Surname Kapple	
Inventor's Signature 		Date July 6, 2004	
Residence: City Bettendorf	State IA	Country USA	Citizenship USA
Mailing Address 1927 Fairmeadow Dr.			
City Bettendorf	State IA	ZIP 52722	Country USA
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	ZIP	Country
<input type="checkbox"/> Additional inventors or a legal representative are being named on the supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.			

[Page 2 of 2]

PTO/SB/81 (06-04)

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**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	10/705,678
Filing Date	11/12/2003
First Named Inventor	Howard Kapple
Title	Precision Aid
Art Unit	3763
Examiner Name	Truong, Linh T.
Attorney Docket Number	USPA-0045

I hereby appoint:

☒ Practitioners associated with the Customer Number:

33512

OR

☐ Practitioner(s) named below:

Name	Registration Number
Jay R. Hamilton	50,644

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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Address 4300 E. 53rd St.

Address Suite 103

City Davenport

State IA

Zip 52807

Country USA

Telephone 563-441-0207

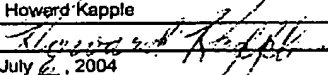
Fax 563-441-0175

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/06)

SIGNATURE of Applicant or Assignee of Record (If assignee, put name, title and company name in the "Name" space below)

Name	Howard Kapple		
Signature			
Date	July 6, 2004	Telephone	563-355-4621

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 2 forms are submitted.

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input type="checkbox"/> Declaration Submitted With Initial Filing OR <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)		Attorney Docket Number	USPA-0045
		First Named Inventor	Howard Kapple
		COMPLETE IF KNOWN	
		Application Number	10/705,678
		Filing Date	11/12/2003
		Art Unit	3763
		Examiner Name	Not Assigned

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Precision Aid

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) 11/12/2003 as United States Application Number or PCT International

Application Number 10/705,678 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

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I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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(Page 1 of 2)

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DECLARATION — Utility or Design Patent Application

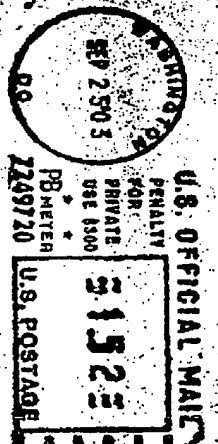
Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number: 33512		OR <input checked="" type="checkbox"/> Correspondence address below	
Name Law Office of Jay R. Hamilton, PLC			
Address 4300 E. 53rd St. Suite 103			
City Davenport		State IA	ZIP 52807
Country USA	Telephone 563-441-0207	Fax 563-441-0175	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) Howard		Family Name or Surname Kapple	
Inventor's Signature <i>Howard Kapple</i>		Date July 6, 2004	
Residence: City Bettendorf	State IA	Country USA	Citizenship USA
Mailing Address 1927 Fairmeadow Dr.			
City Bettendorf	State IA	ZIP 52722	Country USA
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	ZIP	Country
<input type="checkbox"/> Additional inventors or a legal representative are being named on the _____ supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.			

[Page 2 of 2]

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1. Title page and return post card.
2. Background
3. Summary
4. Description of the preferred embodiment.
5. Specifications
6. 3 Claims
7. Abstract.

1. Title Page
2. Background
3. Summary
4. Description of the preferred embodiment.
5. Specification of how to use and description of the invention.
6. 3 Claims.
7. Abstract.

22389 U.S. PTO
10/705678



111203

17510 U.S. PTO
10/792671



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or PO Box No. _____

City, State, ZIP+4 _____

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527229998
1824160374-0097
11/06/2003 (563)332-6164 09:20:23 AM

Product Description	Sale Qty	Unit Price	Final Price
ALEXANDRIA VA 22313			\$0.83
First-Class			
Certified			\$2.30
Label Serial #: 70031680000477712348			
Issue PVI:			\$3.13
Total:			\$3.13
Paid by:			
Cash			\$5.00
Change Due:			-\$1.87

Bill #: 1000301314455
Clerk: 11

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Thank you for your business
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1. Title page and return post card.
2. Background
3. Summary
4. Discription of the preffered embodiment.
5. Specifications
6. 3 Claims
7. Abstract.

4/1

22389 U.S. PTO
10/705678



111203

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		<div style="display: flex; justify-content: space-between;"> <div> <p>1. Article Addressed to: <i>Commissioner for Patents</i> <i>POB 1450</i> <i>Alexandria VA</i> <i>22313-1550</i></p> </div> <div> <p>2. Article Number (Transfer from Service Label) 7003 3110 0000 3108 4911</p> </div> </div>	
<p>3. Service Type</p> <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail </div> <div> <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D. </div> </div>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>5. Delivery Instructions</p> <p>Is delivery address different from Item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>		<p>6. Date of Delivery</p> <p><input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p>	

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

1. Title Page
2. Background
3. Summary
4. Description of the preferred embodiment.
5. Specification of how to use and description of the invention.
6. 3 Claims.
7. Abstract.

17510 U.S. PTO
10/792671



030404

H/I

Law Office of Jay R. Hamilton, PLC
Registered U.S. Patent Attorney

J.D., M.B.A., B.S.Ch.E.

Attorney at Law Licensed to Practice in Iowa and Illinois

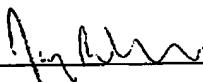
"Wells Fargo Bank Building" 4300 E. 53rd St. Suite 103 Davenport, IA 52807

Tel (563)441-0207 • Fax (563)441-0175

Website: www.qcpatents.com Email: jay@qcpatents.com

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Signature

Jay R. Hamilton – Registered U.S. Patent Attorney #50,644

Typed or printed name of person signing certificate of transmission.

Note: Each paper must have its own certificate of transmission, or this certificate must identify each submitted paper.

1. Fax. Cover
2. Letter to Examiner Linh Truong
3. A Power of Attorney and Correspondence Address Indication form for patent application #10,046,045;
4. A declaration for Utility or Design Patent Application for patent application #10,046,045;
5. A Power of Attorney and Correspondence Address Indication form for patent application #10,705,678;
6. A declaration for Utility or Design Patent Application for patent application #10,705,678;
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8. Proof of Mailing November 6, 2003;
9. Proof of Receipt by the Patent Office 11/12/2003;
10. Proof of Receipt by the Patent Office 03/04/2004 and assignment of #10/792,671;

Total Pages Sent by Fax 14 (including this page)